

## TWELFTH YEAR CERTIFICATION ELIGIBILITY PSAP WIRELESS IMPLEMENTATION STATUS REPORT

**AUTHORITY:** 1986 PA 32, as amended; **COMPLIANCE:** Voluntary; **PENALTY:** No Funding

Twelfth Year Certification Eligibility requires **ONE** form to be submitted by each county or the Wayne County 9-1-1 Service District. Refer to page 2 for return and contact information.

### I. County or Service District Information

Name of County or Service District		County 9-1-1 Coordinator	
Address	City	State	Zip Code
Telephone (Include Area Code)	Fax (Include Area Code)	E-Mail Address	
Are there multiple PSAPs in your county or service district? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>			
<div style="border: 1px solid black; padding: 5px;"><p><b>If there are multiple PSAPs, complete Section II and list ALL primary PSAPs in your county or service district. Also, indicate which of the listed PSAPs are taking wireless 9-1-1 calls.</b></p><p><b>Note: If there is only a single county PSAP, complete Section III ONLY.</b></p></div>			

### II. Multiple PSAPs

<b>PSAP A</b>			
Primary PSAP Contact and Title		E-Mail Address	
Address	Telephone (Admin and 24x7)	Wireless 9-1-1 Calls? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>PSAP B</b>			
Primary PSAP Contact and Title		E-Mail Address	
Address	Telephone (Admin and 24x7)	Wireless 9-1-1 Calls? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>PSAP C</b>			
Primary PSAP Contact and Title		E-Mail Address	
Address	Telephone (Admin and 24x7)	Wireless 9-1-1 Calls? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>PSAP D</b>			
Primary PSAP Contact and Title		E-Mail Address	
Address	Telephone (Admin and 24x7)	Wireless 9-1-1 Calls? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>PSAP E</b>			
Primary PSAP Contact and Title		E-Mail Address	
Address	Telephone (Admin and 24x7)	Wireless 9-1-1 Calls? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>PSAP F</b>			
Primary PSAP Contact and Title		E-Mail Address	
Address	Telephone (Admin and 24x7)	Wireless 9-1-1 Calls? <input type="checkbox"/> Yes <input type="checkbox"/> No	

**Continued on Reverse Side →**

## II. Multiple PSAPs (Continued)

<b>PSAP G</b>			
Primary PSAP Contact and Title		E-Mail Address	
Address	Telephone (Admin and 24x7)	Wireless 9-1-1 Calls? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>PSAP H</b>			
Primary PSAP Contact and Title		E-Mail Address	
Address	Telephone (Admin and 24x7)	Wireless 9-1-1 Calls? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>PSAP I</b>			
Primary PSAP Contact and Title		E-Mail Address	
Address	Telephone (Admin and 24x7)	Wireless 9-1-1 Calls? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>PSAP J</b>			
Primary PSAP Contact and Title		E-Mail Address	
Address	Telephone (Admin and 24x7)	Wireless 9-1-1 Calls? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>PSAP K</b>			
Primary PSAP Contact and Title		E-Mail Address	
Address	Telephone (Admin and 24x7)	Wireless 9-1-1 Calls? <input type="checkbox"/> Yes <input type="checkbox"/> No	

## III. Single PSAP Serving County

Name of Single PSAP Serving County		County	
Address	City	State	Zip Code
Telephone (Include Area Code)	Fax (Include Area Code)	E-Mail Address	

## IV. Authorization and Certification

Does the county have a 9-1-1 plan in place?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If the plan is currently open, disclose the hearing date below.		
Signature of Person Completing Form		Date
Printed Name	Title	

**Return To:**  
Michigan State Police  
State 9-1-1 Administrative Section  
P.O. Box 30634  
Lansing, MI 48909-0634  
Attention: Janet Hengesbach

**This form must be returned to by noon on Monday, May 16, 2011.**  
**This form can be accessed at [www.michigan.gov/snc](http://www.michigan.gov/snc).**  
**Facsimile, handwritten or e-mail forms WILL NOT be accepted.**